FOR STATE HEALTH DEPT.

M

I

TO DEPUTY MOVICAL EXAMINER: This martificate should be exemited within 24 haurs ofter damith. If ony delay is execute the execute the case, writing the word "pending" in pending liem, 18. Give Pages 1, 2, and 3 to the funeral state. Page 4 should be retwined to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayol, and in any event within 72 hours after death.

VS. ALSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4		0		11	1)	7	2	is
	Reg.	Dist.	No.	V	C)			V

	71.5			Reg. I	Dist. No.
1. PLACE OF DEATH	Kent	MARYLAND	2. USUAL RESIDENCE (V	Nere deceased lived. If institution: Residence land b. COUNTY B	dence before odmission) altimore
b. CITY OR TOWN III and give nearest town Still Po	- / - >	RUPAL C. LENGTH OF STAY IN 16		outside corporate limits, write RURAL or	nd give neorest town)
		not in hospital, give street address)	d. STREET ADDRESS	Purdy Court	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First K.	Middle ARL	lost ARON	4. DATE Month OF DEATH January	Day Year 1): 1959
S. SEX Male	75 * 1	7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	June 20, 19	9. AGE (In years IF UNDE lest birthday) Manths	
during most of working Engineer T	a life, even if retired)	Aircraft Mfg.	RY 11. BIRTHPLACE (Slote Ohio	or foreign country) 12. CF	USA
13. FATHER'S NAME Albert W.	illiam Aron		MARGARI		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give war or dates of se	prvice)	Thomas A. Br	Address	Md
	FH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Multiple traums			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to immed (o), stating the couse lost.	liote couse				
PART II, OTH	IER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PA	RT 1(3) 19. WAS AUTOPSY PERFORMED? YES NO
	ISE WAS NTRIBUTING []	describe how injury occurred. (E	nter nature of injury in Par	t (or Port II of item 18.)	
20c. TIME OF INJUI	1/14 19 5	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form pry, street, office bldg., etc. Farm	DE	Kent Md.
	not I took charge resulted from: N	of the remoins described abo otural causes . Accident [3	y ☎, Inspection □, Inqu Homicide □, Undetermined	
ACTUAL SIGNATURE	Kusself	& Freder	M.D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S NAME (Type)	Russel	1 S. Fisher, M.D.	DEPUTY MEDICAL		1/15/59
220. BURIAL, CREMATIO REMOVAL (Specify) Cremation	Jan. 17.10			22d. LOCATION (City, town, or county) Beltimore. Marylar	
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS sen, Maryland	The same of the sa	D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE

the state of the s Street, Land of the Street to the state of th the state of the later of deoth: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

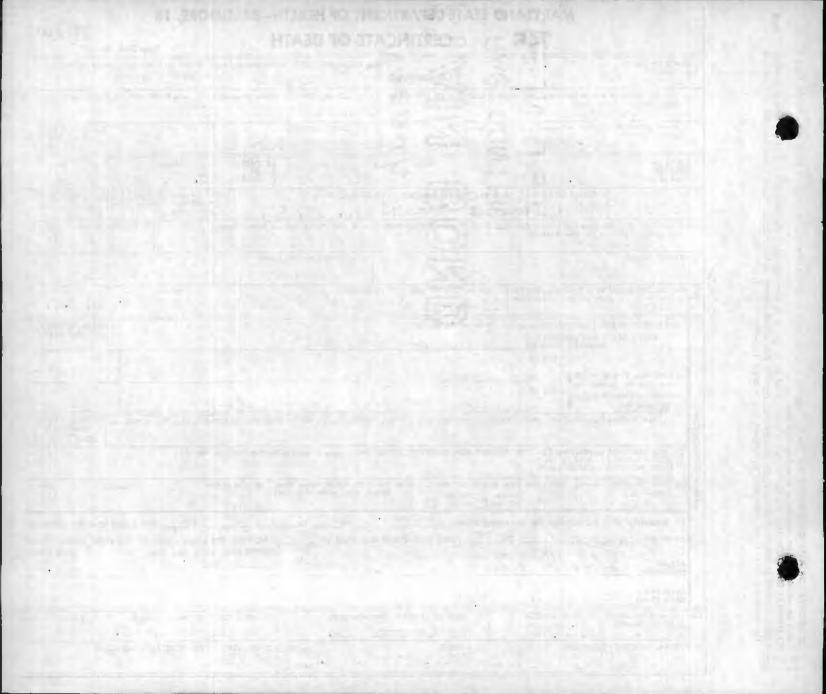
CERTIFICATE OF DEATH

00730

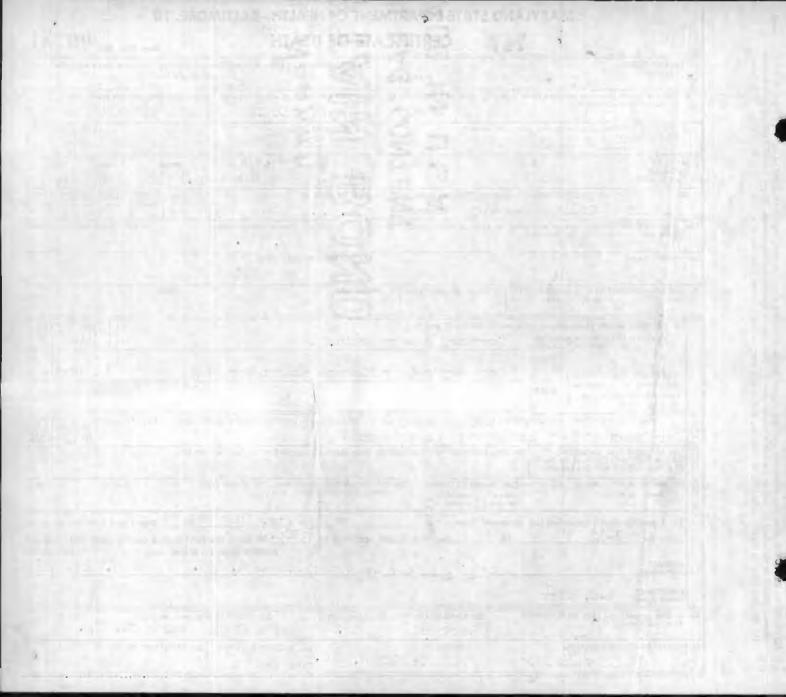
745

Reg. Dist. No.

o. COUNTY Rent MARYLAND	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o. STATE b. COUNTY ent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest lown) Ches tertown RHD	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chestertown RFD
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION At Home Broad weck	d. STREET ADDRESS Broad Neck e. IS RESIDENCE ON A FARM? YES NO [
3. NAME OF First Middle (Type or print) Mary Emily	Berry 4. Date Month Doy Yeor DEATH Jan. 9, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
female white widowed 1 DIVORCED	Feb. 15,1887 71 yr.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110456W116	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. EW YORK State USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown Moger	unknown Moger
	Taymond and Berry Chestertown, Idd.
gove rise to immediate course (a), stating the under- lying course loss. DUE TO Callery Relief	Rédimen Interval Det Men ONSET AND DEATH
ZA Z	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
	RED. (Enter nature of injury in Part 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. I While Not while of work of twork of the state of two states of	PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram 19 19 and that deal actual signature 19 19 and that deal physician's name (Type) Torbert C. Litsch	th occurred at Sylm, from the causes and an the date stated abave ADDRESS (Street, city or town, state) DATE SIGNED M.D. 1956, to 30 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	() to only
23. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS Chesterto	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

Md.

(Slote)

(County)

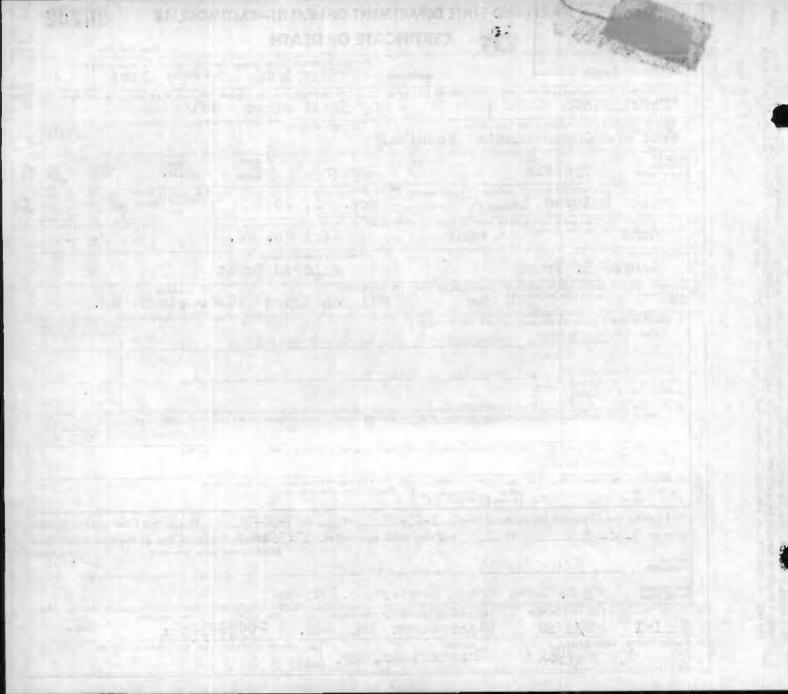
ON A FARM?

YES NO

Year 59

Kent

VS A15 (4) ISM 10/S7



ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

deoth: Page 4

00733

738 CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY Rent	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Lent					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown). Chestel town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write R	URAL and give nec	grest town)		
)	d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION 400 Calvert (/d. street Address	ert St.		e. IS RESIDENCE ON A FARM? YES NOTE:		
	3. NAME OF First DECEASED (Type or print) Harriett	Middle M. Br	'OWI	4. DATE Mor OF Jan. 22		Year 19		
	female colored wipowi	The state of the s	8. DATE OF BIRTH Aug. 23,	9. AGE (In years lost birthday) 74 yrs.	Months Doys	IF UNDER 24 HRS. Hours Min.		
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWIIE	KIND OF BUSINESS OR INDU	Kent Co.		12. CITIZEN CUSA	OF WHAT COUNTRY?		
	13. FATHER'S NAME Wm. T. Murray		14. MOTHER'S MAIDEN N Henriet					
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. Yes, no. or unknown)		nformant izabeth Bla	ack 400 Car				
	334 X DUE TO Conditions, if ony, which gove rise to immediate (DUE TO	re for (o). (b). ond (c).] reke ebral Arter:	le-Scleresi		ON:	erval Between set and Death no month		
	Part II. OTHER SIGNIFICANT CONDITIONS OF Diabetes Mellitts	CONTRIBUTING TO DEATH BUT			YEN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NOTE		
	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL Not while fa	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 20f. (City or fown)	(County)	(State)		
	21. I certify that I attended the decease alive an Jan. 2.2., 19.5 ACTUAL SIGNATURE PHYSICIAN'S Robert W. Fa	2 , and that death	accurred at S. A.	n. 22 , 19.55 "M, from the causes of ADDRESS (Street, city or town, tertown, Md.	and an the da	aw the deceased te stated above DATE SIGNED L/23/59		
	220. BURIAL CREMATION, 22b. DATE THEREOF BEN 13 Specify Jan. 25,1959	Janes Cem		Chestertown	or county)	(Stote)		
	Kenneth Walle	Chesterton	vm Md.		STRAR'S SIGNATUR			

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 9/55

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death. Page

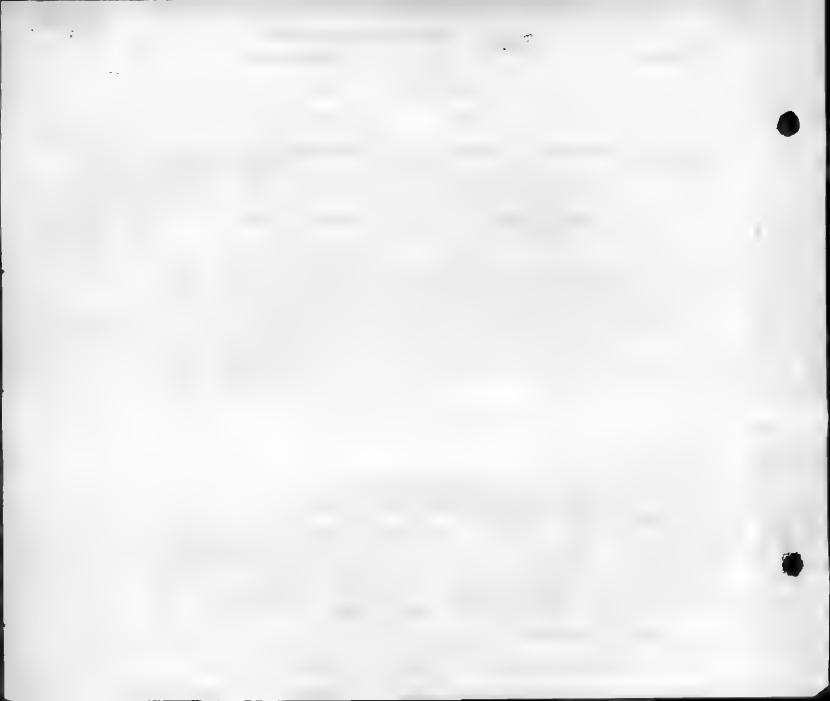


VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00736

			24	CERTIFIC	ATE OF	DEATH			Reg. Dist	No.	
	CE OF DEATH			MARYLAND	II O STATE	SIDENCE (Who	re deceased	lived. If institution b. COUNTY	Residence	before adm	Ission)
b. C	CITY OR TOWN (II	outside carporate limi	h, write	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN (If ou	rtside corporo	le limits, write R	URAL and gi	ve nearest to	wn]
1 cî	HESTER				X ROC	K HA	111	50 y	rs.		
d. I		L (If not in haspital, g	ive street	address)	/ d. STREET	ADDRESS				e. IS R	ESIDENCE A FARM?
Ki	KT 4-6	UELL AN	NES	S' HUSPITIAL	ira.	titude	e Poir	nt			NO
3. NA	ME OF EASED	Fir	st	Middle		Ost	4. DATE OF	Men	th	Day	Year
	pe or print)	EMME)		EAT	ON	DEATH	SAM	1ARU	13	1959
5 SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B DATE OF BIR	тн	9	AGE (In years last birthday)	Months 5		DER 24 HRS Min.
1	EMALE	LUHITE	WIDOW	204	NOVEME	ER 21	1868	70 yrs.		Days Hour	s min.
10o U	SUAL OCCUPATION uting most of working	N (Give kind of work ng life, even if retired	dane 10b	KIND OF BUSINESS OR INC	USTRY 11. BIRTH	PLACE (State o	of foreign cou	intry)	12. CITI2		AT COUNTRY
	<u>}</u>	timiz u	1/2		7	ENN.				US	A.
13, FA1	THER'S NAME	47.		urhes	14. MOTHER	'S MAIDEN N	AME				
141	07/10/24	MELVE	5		1/1/	64 1	PHULE	5			
		IN U. S. ARMED FOR I yes, give wor or dates of s		SOCIAL SECURITY NO. 17	INFORMANT	- 1 Day	anda	Addi	ess		
1				11/1/2	"ospit	AL TU	cords				
18.			use per, ty	(a) for (a), (b), and (c)]	r ,	111	/ -	1		INTERVAL I	D DEATH
	, , ,	H WAS CAUSED BY: IMMEDIATE CAUSE (o		lax numy	- +/	un	11141	ran			
	16,5	DUE TO		1.1	6	1. 1					
	Conditions, if an gover rise to in			Mollin a	X C	185()					
C	ause (a), stating t										
1 _ 1=	ying cause last.) (c		PANTAINITA SO DESTINA			5105 455				4 150814
CERTIFICATION				CONTRIBUTING TO DEATH B					EN IN PARI	PERF YES [ORMED?
	ID. ACCIDENT WAS R CONTRIBUTING F EITHER, NOTIFY /	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUR	RED, (Enter nature	af injury in P	art I ar Port I	I of item 1B			
WEDICAL 200	c. TIME OF INJURY	Month, Day, Ye			PLACE OF INJURY factory, street, offi	(Home, form,	20f. (City o	ir tawn)	(Co	ounty)	(Stote)
WED	p. m	19	While at war	T MAN AND E		61.	7)	, _	_		
21	I. I certify the	at I attended the	deceas	ed from CLLAS	. 195), to	ren-	19.52	that I lo	ast saw the	e deceased
al	live an Ju	212	, 12.3	2. I, and ther dea	th accurred a	1/45	M, fram	the causes o			
	(/1	1-111-	24	"TEAL	0 0	<i>(</i>	DDRESS (Sire	set, city or town	siole)	1	DATE SIGNED
SI	CTUAL GNATURE	My	///	- Delluro	M.O. AL	sch (Hall	my	~	1/0	8/59
	TYSICIAN'S AME (Type)	William	М. С	Patewood							
	UR AL, CREMATION	, 22b. DATE THEREC	F	22c NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, Jawn o	or county)	(51)	ote)
- K	EMOVAL (Specify)	1/10/50		St. Faul	Cem.	n	car -	Chest	entor	n, E	•
23 FU	NERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	'ci	1	BY REGISTR	AR 24b. REGIS	TRAR'S SIGI	NATURE	
1	1 Lill	- o (Cel	4	Che terto	wn, . a.	DAMEN 1	5 '59		18. 12	and,	



Reg. Dist. No.

ì.	o. COUNTY Ke	nt		MAI	RYLAND	2. USUAL RESI o. STATE	Penns	ylvania	l. If institutions b. COUNTY	Residence b		ion)
_	b. CITY OR TOWN (IF	outside corporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If outsi	de carparate li	mils, write RUR	AL ond give	nearest low	n)
	RURAL and give ned			45. mi	nutes		aren Hi			i 11		
_	d. NAME OF HOSPITA		ve street o	oddress)		d. STREET A	DDRESS				e. IS RES	IDENCE
		ueen Annes				66	Ner th	Clifte	n Avenu	le		FARM?
3.	NAME OF DECEASED	Fire	t	Midd	lle	Los	d 4.	DATE	Month		Day	Yeor
	(Type or print)	John		Rebert		Ellio	tt	OF DEATH	Janu	ary		1959
5.	SEX		7. MARRI	EDE NEVER MAR	RIED 🔲	B. DATE OF BIRT		9. AC			EAR IF UND	
	Male	White	WIDOWE			July 14	1385	173	yrs.	lonths Do	ys Hours	Min
10.	deter Store	N (Give kind of work of ag life, even if retired) Keeper	one 10b. Pr	KIND OF BUSINESS	OR INDUS		ACE (Stote or)		d.	USA		COUNTRY?
13,	FATHER'S NAME	-				1	MAIDEN NAM			L		
\	ė	John B. E.	llic	ott		Adel	laide '	Turner				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	lO. 17. II	FORMANT	/	>	Address	72.2.1.1	7.5 7. 7	
2		WW 1		31 10 4047	7 Edv	vard Ell	iott(se	n) 206	Cewbell	T. TOTE , W	TTTOM	Grovera
		H [Enter only one co-	se per lin	e for (a), (b), and (d	c).]		····			إ	NTERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cer	conary Thi	combo:	sis.					SEW 1966	niftes
	420,1	DUE TO										
	Conditions, if an		Cor	conary atl	ner es	clerosis					Don't	know
	gove rise to im		F	listory of	f seve	eral att	acks of	acut	e c oron	ary i	nsuff	iciency
_	lying cause last.	writh(s)	m luc	nary eder	na in	past th	ree yes	rs.				
<u>8</u>	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CON	IDITION GIVEN	IN PART 1() 19. WAS	AUTOPSY RMED?
Š												NO
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. ØESC	RIBE HOW INJURY	OCCURRE	(Enter noture a	f injury in Part	I or Port II of	item 18.)			
CA	20c. TIME OF INJURY	Month, Day, Yea	r 20d. IN	JURY OCCURRED	20e. PL/	CE OF INJURY (Home, Farm,	20f. (City or to	wn)	[Cour	ntyl	(Stole)
MED	Hour a. js. p. m.	19	While of work	Not while	fac	tory, street, affici	bldg., etc.)					
	21. I certify the	at I attended the	decease	d from 1/	11	19 <u>59</u>	to	1/11	19 59 1	hat I last	saw the	deceased
	alive on	1/11	_ 12	2_2_, and the	at death	occurred at	1 1 7 (A, from the	causes and	an the	date state	ed abave.
		nstan		·			ADI	ORESS (Street, c	ity or town, sta	le)	Di	ATE SIGNED
	SIGNATURE_	LIN LY JE	au.		/	A.D	Ches	stertow	n Md		1/	11/59
	PHYSICIAN'S NAME (Type) R	hert W. Fa	rr									
22	BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CE	METERY OF	CREMATORY	220	d. LOCATION (City, lown, or c	ounty)	(Stat	e)
	REMOVAL (Specify)	1/1/1/59	1	Holy C	ross	Cem.	У	eadon	- Dela	a. Co	• Per	nna
23.	FUNERAL DIRECTOR'S	SIGNATURE	10	ADDRESS			240. REC'D 6	Y REGISTRAR	24b. REGISTR	AR'S SIGNA	TURE	
	FUUL	as Will	(XA-	/Cheste	rtow	n, .a.	DATE	200	and	2 Har	us	
	1/						E PETE 1					

VS A15 (4) 15M 9/55



ATE OF PEATH

748	CERTIFIC	ATE OF DEA	ATH		Reg. Dist. No.	00,400
1. PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE o. STATE Mar	E (Where deceased li		Residence before	admission)
b. CITY OR TOWN (If outside corporate limits, write c. LEN	GTH OF STAY IN 16		I (If autside corporate			rest fown)
RURAL and give negrest fown)	i leti m	H	terton			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		Jd. STREET ADDRE				. IS RESIDENCE
						ON A FARM? YES NO T
3. NAME OF First DECEASED (Type or print) TOPTION	Middle Vand '	Lott	4. DATE OF DEATH	Month January	Day	Year
	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years III		
Inle hite widowed	DIVORCED	June 24,	T022	63 yrs.	Months Days	Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b, KIND O during most of working life, even if retired)	F BUSINESS OR INDU	ISTRY II BIRTHPLACE	State or foreign coun	try)	12. CITIZEN OF	WHAT COUNTRY
oni, Janain Inord	hat lar:	ing ingl	120		77 .) .	ina
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME			
ad are min		Jo	ennis [1]	1, 1,	115	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wer or dates of service)	SECURITY NO. 17.	INFORMANT		Addres	3	_
. 1 [17 -1	- 1-1,224 1	lis. Ahne	Antiron	Dece	luch, 1	, il a
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	, ,	, , ,		INTE	RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ventr	Cular	turker	re.		cute
DUE TO	0 .	, , /		,		
Conditions, if any, which by please	ral eff	usion	rasth	ma		8 years
couse (a), stating the under- lying couse last (c) arte	rivsel	erosis	Jener	legeel	乙	Jens
PAR II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BU	NOT RELATED TO THE T	EXMINAL DISEASE C	ONDITION GIVEN	IN PART 1(0) 19	PERFORMED?
200 ACCIDENT WAS LINDERLYING 20b. DESCRIBE HO	OW INTERY OCCUPA	D. (Enter noture of injur	ty in Port/ or Port II	of item 18)		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		o. James norma or injer	,	01 1000 10.7		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY C	CCURRED 200. P	ACE OF INJURY (Home,	form, 20f. (City or	town)	(County)	(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O Hour a. y. p. m. 19 of work of		ctory, street, office bldg.	., elc.)			
21. I certify that I attended the deceased fram	m Mars	1953. to	Jan	1979	that I last say	w the deceased
-0	7	accurred at				
TO	0		ADDRESS (Street	t, city or town, sto	ote)	DATE SIGNED
SIGNATURE Florence Derry	- loyce	M.D.	Worker	~ n	rel	1/12/5
PHYSICIAN'S NAME (Type) 12 37 1 0 12 22 22	r 5.700	y	24 22 2	•		17
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	AME OF CEMETERY C	R CREMATORY	22d. LOCATION	N (City, town, are	county)	(State)
REMOVAL (Specify) 1/13/59 3	10.	" " 2	7 3:1	1 1	1	
23. FUNERAL DIRECTOR'S SIGNATURE	ODRESS	240.	REC'D BY REGISTRAL	246 REGISTR	AR'S SIGNATURE	
Victor n. Kunnedy) * DATE	NAN 1 3 '59	arth	7 L. Krous	

TO FUNERAL DIKACOR: After this certificate has been signed by the attending physician and campletely filled in by inneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours afley-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be Execumed within 211 haurs affer death. Page VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
749	CERTIFICATE	OF	DEATH	

N

00733

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Lent	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived. Land b.	COUNTY >	ent	ssion
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	NGTH OF STAY IN 16	X c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and	give nearest fow	/n]
ural Chestertown	life		own - Muis	al		
d NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION	s)	d STREET ADDRESS			e. IS RE	SIDENCE A FARM?
At home ::FD		Lifd			YES [NO 🛛 X
3 NAME OF First DECEASED (Type or print) Charles David	M.ddle 1 I.e./is	Lost	4. DATE OF DEATH & E.	Month	Day වපව	Year
5. SEX 6. COLOR OR RACE 7. MARRIED L 3.10 COLORED WIDOWED	NEVER MARRIED	Fan. 20,1		(in years IF UNDER orthdoy) Months yrs	Days Hours	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) Laborer vari		TRY 11. BIRTHPIACE (SI			SA	T COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDE	N NAME			· · · · · · · · · · · · · · · · · · ·
homas Lewis		Martha	Harger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIA (Yes, no., or unknown) (If yes, give wor or dates of service) I.		HORMANT	er Cleate	rto II,	d. Jis	tı
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	(a) (b). and (c).]	nia_			ONSET AND	ETWEEN D DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under. VOID Part II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TE	rminal disease cond	ITION GIVEN IN PAR	PERF	AUTOPSY ORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED). (Enter nature of injury	in Part I or Part II of its	em 18)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While I et work 10 c	Not while foo	CE OF INJURY (Home, tory, street, office bldg.,	form, 20f (City or town) (County)	(Stote)
21 I certify that I attended the deceased fr	om Jan 18	1938, to	on 20	19.57 that I	lost sow the	deceased
actual signature & Kessel	, and that death		M, from the a	causes ond on t	he date stat	
PHYSICIAN'S Eugene Lester		och ali	, d.			
PEMOVAL (Specify) 7 / 3 1 / 4 / 5	ohona John			nesterto	NID, I D	
	ADDRESS hestertow	n. Md.	EC'D BY REGISTRAR	246 REGISTRAR'S SI		



VS A15 (4) 15M 9/55 00740

CERTIFICATE OF DEATH

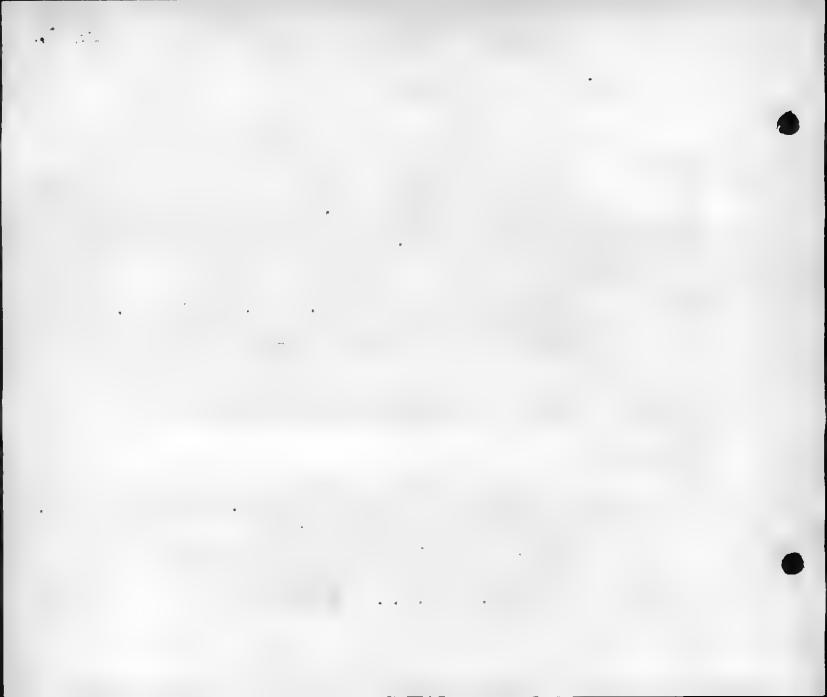
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			UU	67
Reg.	Dist.	No.		

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RYRAL and give gegrest town) 15 1/CARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The street oddress)	id. STREET ADDRESS Chesapeake Ave vs. is residence on a farm? YES NO DO
3. NAME OF DECEASED (Type or print) John JACOB	Miller DATE Month Doy Yeor OF DEATH JATI 10 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 26 1883 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HIS) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11/ BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Pavid Miller	ElinAbeth SteinAKER
1) Yes, no, or unknownj [If yes, give war or dates of service) 202-01-0513	Adelaide Miller Rock Hall
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coldery Interval Between ONSET AND DEATH
Conditions, if ony, which) (b) (At the Case)	leias
gove rise to immediate code (a), stating the under-lying couse last. DUE TO (c)	of Bladen.
ICATION IN THE PROPERTY OF THE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
21. I certify that I attended the deceased fram. 12144.	accurred at Law M, fram the causes and an the date stated above.
ACTUAL STORY C TWOOL	ADDRESS (Street, city or town, state) DATE SIGNED M.D. Tark Tark Tark
PHYSICIAN'S MARRERT-C. NITECH	
120. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY O REMOVAL (Specify) JAN, 14 7/crth Ceda	R CREMATORY 1 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE Church H	CLE MD 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LONG BOTTOM TO THE PARTY OF THE PARTY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) o. COUNTY Kent Maryland 6 COUNTY Harferd MARYLAND b. CITY OR TOWN (1 pulside corporate fimile, mr to BURAL C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) Ų. Still Pond (rural) Upperco d NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) & STREET ADDRESS e IS RESD N'E ON A FARMY h miles from Still Pond Black Rock Road YES NO 3. NAME OF Middle DATE Month DECEASED (Type or print) RICHARD JAY NEWMAN DEATH 19 59 January 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR! IF UNDER 24 HPS 32 Months Devs Henry Male WIDOWED [7] DIVORCED [White 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Engineer copilat Aircraft Mft. Maryland USA 13. FATHER'S NAME Irving Newman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) Thomas A. Brandt, Kingsville, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Multiple extreme injuries -- fragmentation of body IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (0), stoting the underlying coute fort. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLID. WAS AUTOPSY PERFORMED? NO [YES DO 200 EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Ilem 18) Airplane crash 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) foctory, street, office bldg, etc.) Not while While of work of work Nr. Still Pond Kent. Md. 2). I certify that I taak charge of the remains described abave, held an Autapsy [4], Inspection [7], Inquiry [7], apinian death resulted fram: Natural causes 🗍 . Accident 🖼 . Suicide 🦳 . Hamicide 🗍 . Undetermined manner 🗍 CTOR DIREC ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. should FUNERA NAME (Type) DEPUTY MEDICAL EXAMINER [77] 270 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 0 **ADDRESS** 240 REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE A15ME



	FO	R	S'	ΓAΊ	E
H	EA	LT	H	DE	PT.
					V

TO DEPUTY ME. IL EXAMINER: This certificate should be executed within 24 hours after dwath. If any delay is not execute the crowstand second that willing the ward "pending" is pending to them. 18. Give Pages 1, 2, and 11 to the functal or. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Rage 5 may be satisfied for your files.

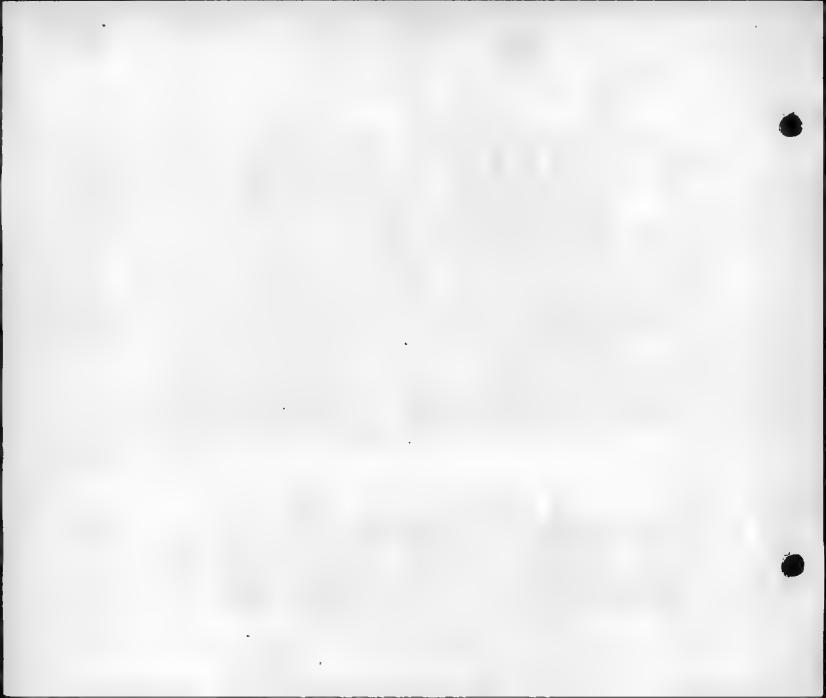
TO FULLERING INTERIOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Hyatth, or its designated agent, prior to buriot, cremotion, or removal, and is any event within 72 hours after death. , .

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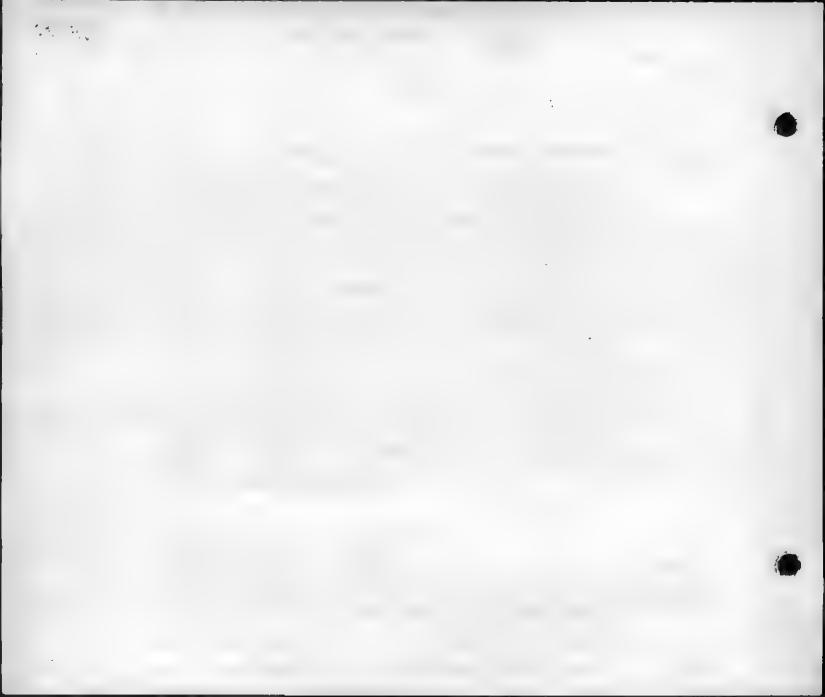
VS ATSME

MARYLAND	STATE	DEPARTME	NT OF H	EALTH-	BALTI	MORE,		
MEDICA	AL EXA	AMINER'S	CERTI	FICATE	OF D	EATH		0074
752-							Reg. Dist,	No.
6 4 6			O FIGURAL BEG	INCOLUMN CALL	4	r a arres		

1	PLACE OF DEATH	60	6	SIDENCE (W	/here decea	sed lived (Finatiletic	on Residence b	before admission)		
1	o. COUNTY	ent		MARYLAND	o. STATE	17. 1	land	Ь. (COUNTY	it	
	b CITY OR TOWN (**	autside corporate timits, will	• RURAL	C. LENGTH OF STAY IN 16	c. CITY Q	R TOWN (IF	outside cor	porote limit	, write R	URAL and give	neorest town)
	Chesterto	own FbD		life	X Ches	terto	OWIL	File	D		
	d. NAME OF HOSPITA		If not in bosp	oita , g.ve street address)	d. STREET	ADDRESS tit.					ON A FARM YES NO
3.	NAME OF DECEASED (Type or print)	Tempie		M·ddle	orris	sì	4 DATE OF DEATH	Jan.	Month 7	1959	Year 19
	SEX	6 COLOR OR RACE	DATE OF BIRT	Н		9. AGE IIn			R IF UNDER 24 HRS		
ļ	a .le	colored	WIDOWED		6/8/8	3		075	yrs.	Months Days	Hours Min.
10	o. USUAL OCCUPATIO during mast of working OUSEV	(ife, even if retired)	dane 10b, K	IND OF BUSINESS OR INDUS		rylar	_	country)		12 CITIZEN	OF WHAT COUNTRY? A
1 3	. FATHER'S NAME	7 - 1			14. MOTHER'S	MAIDEN N					
	Jos	seph Stew	art		Ma	ria	unk	mown			
15	. WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or defer of		A .	TORMANT	arcia	a wil	.son	Ulle	stert	01.11.
	18. CAUSE OF DEAT	H [Enter only one cau	se per line f	or (a), (b), and (c).]						INT	CRYAL BETWEEN
		H WAS CAUSED BY:	4/nx	Insun Cause	- pate	Hall	y No	Turas	0		2 hours
	7 15.0	DUE TO	-			, 9	12	4	4		
	Canditians, if an		form	ed olead	afont	6 3	in	. Ha	de 1.	mete c	Tusking
	gove rise to immed (a), stating the u		1	2011						11. 1	11.
	couse last,	(c)	100	- * - * + A*- *	arcut	1/12.34 -		-		HOCK	Lace
ğ	PART II, OTHI	ERS GNIFICANT CON	DITIONS CO	NTRIBUTING TO DIATE BUT	NOT RELATED TO	PEHE TERMIN	NAL DISEAS	E CONDITIO	ON GIVEN	IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
13		AND DESCRIPTION OF THE PARTY OF		Palleution							YES NO
L CERTIFICATION	20g. EXTERNAL CAUPRIMARY [] or CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b DESCRIBE	HOW INJURY OCCURRED (Enter nature of t	njury in Port	For Part II	of item 18.]			
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes		VIURY OCCURRED 20e, PL	CE OF INJURY	Home, form,	20f. (City	rar fawn)		(County)	(State)
MEC	Hour a.m.	19	While at wor	k of work		e wiege, energ	1				
	21. Ecertify the	of I took charge	of the r	emoins described abo	ove, held or	Autopsy		nspection	2	Inquiry [, ond in my
	opinion death r	esulted from: 1	Vatural c	ouses 🕰 . Accident	. Suicid	le 🔲, H	lomicide	□. U:	ndetern	nined monr	ner 🔼
		6)1 0	n/7								
	SIGNATURE	Chew!	1/0	eu-	M D. CHIEF	MEDICAL EXA	AMINER 🗌				DATE SIGNED
4	EXAMINER'S	-h+			ASSIST	ANT MEDICA	L EXAMINE	R			1 /7 /50
-	NAME (Type)	bert.	trr			MEDICAL E	XAMINER	-	W DOWN		-/ 1/00
220	P. BURIAL, CREMATION REMOYAL (Specify)	V, 226 DATE THEREO	F	22c. NAME OF CEMETERY OF	CREMATORY		22d LOCA	TION (City,	fown, or	eaunty)	(Stote)
22	FUNERAL DIRECTOR'S	IT/IC/5.		elotota _	em		rear			eri'c. 1	
1	THE THE STATE OF STAT	10000	,	Che terto	n.		BY REGIST			LARS SIGNATU 1 d. Thall	
Z	Jumeen (nuce			7	DAMEN	1 3 '59	- 1 (Jump,	a. Man	



4			MARYL	AND STA	TE DEPARTM	ENT OF HEALTH	I-BALTIMORE,	18	00743
			2	753	CERTIFICA	ATE OF DEATH	{	Reg. Dist.	V() = -0
	1, 1	LACE OF DEATH	_		MARYLAND	2. USUAL RESIDENCE (WED. STATS	nere deceased lived. If institution b. COUNTY		befare admission) FIC/d
		RURAL and give r	14411		DAYS	C. CITY OR TOWN (IF C	outside carporate limits, wri	e RURAL ond gif	4
ņ#-		I. NAME OF HOSPI OR INSTITUTION	TAL (if not in hospital, g	ive street address)		d. STREET ADDRESS 96 ROCK D	DAjor Rd		e, IS RESIDENCE ON A FARM? YES NO 2
		NAME OF DECEASED Type or print)	PERRY	st	\mathcal{B}	PATTESOn	OF DEATH	Month	6 19.59
	5. 9	7777	6. COLOR OR RACE	WIDOWED 🔲	DIVORCED	B. DATE OF BIRTH 7774 24 19		yrs.	YEAR IF UNDER 24 HRS, ays Haurs Min.
		-during most of wo	ON (Give kind of work thing life, even if retired	done 10b. KIND C	of Business OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZI	EN OF WHAT COUNTRY
)	13.	FATHER'S NAME	Patte	eru)	14. MOTHER'S MAIDEN I	a Stu	cky	,
		WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		20-2/1/	dwin H Pa	ck 1419	Address 27/3	7 Dw DC,
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1 1 1	o), (b), and (c).]	DIL	Tunt		INTERVAL BETWEEN ONSET AND DEATH
		Gonditions, if	DUE TO	(
		gave rise to codse (a), stating lying cause last	the under-			·			
	CATION	PART II. OT			BUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	1(0) 19 WAS AUTOPSY PERFORMED? YES NO P
	CERTIFIC	200. ACCIDENT WOR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II af item 18.		
	MEDICAL	20c. TIME OF INJU Have a.m. p. m.	RY Month, Day, Ye		lot while fo	ACE OF INJURY (Home, form actory, street, affice bldg., etc	n, 20f. (City or town)	(Co	unty) (Stale)
		21. I certify t	hat I attended the	deceased fro		19, to	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		st saw the decease
		ACTUAL SIGNATURE	Jillia.		To work) R	ADDRESS (Street, city or to		DATE SIGNE
1		PHYSICIAN'S NAME (Type)	VILLE	3	- Constant)		-5	7 7 7 7
	220		ON, 226. DATE THEREO	5-9 ne	NAME OF COMETERY A	OR CREMATORY	20d. LOCATION (City, 10)	Nn. or County)	(Stote)
	23.	SUNERAL DIRECTO	R'S SIGNATURE	ue (- hunch	Held DATE	D BY REGISTRAY 24b. 6	EGISTRAR'S SIGN	S. Kraus
		1							



ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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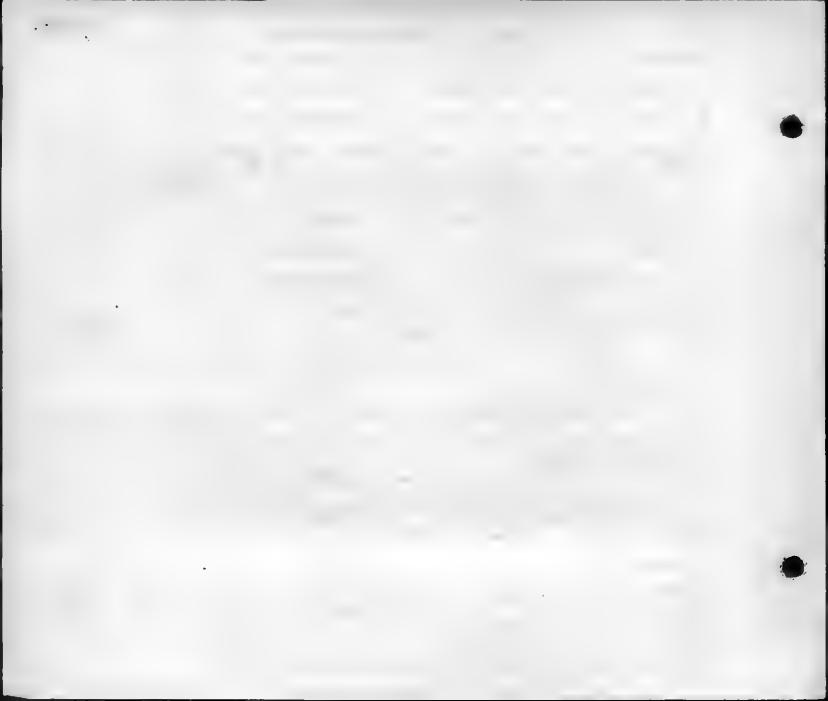
CERTIFICATE OF DEATH

743 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Marykand Ka nt Kent b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) Chestertown Chestertown d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T 20/ N Queen Street Kent & Oueen Annes NAME OF Middle Lost 4. DATE Day Year DECEASED OF DEATH (Type or print) Merritt Fred 19 59 Senev Hanuary 5 SEX 6. COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TENEVER MARRIED 9. AGE (In years lost birthday) Months Days Male White WIDOWED | DIVORCED | 1874 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Farm Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frances Cecil Senev IS WAS DECEASED EVER IN U 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7 Haspital records, Chestertawn, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET VNO DEVIA PART I DEATH WAS CAUSED BY: Corona ry thrombosis DUE TO Coronary atherosclerosis Many years Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY right 4th toe, due to peripheral ishhemia & arteriosclerosisved Nox 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of stem 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20d. INJURY OCCURRED Doy, Year (County) (State) Hour o.m. factory, street, office bldg., etc.) Not while at work of wark 21. I certify that I attended the deceased from 12/18/ , 19.58 to 1/13/59 19____that I last saw the deceased 192159, and that deoth occurred of 1:45 P.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Chestertown, Md. PHYSICIAN'S ROBERT W. FARR NAME (Type 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town. (State) 240 REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

DATE JAN 1

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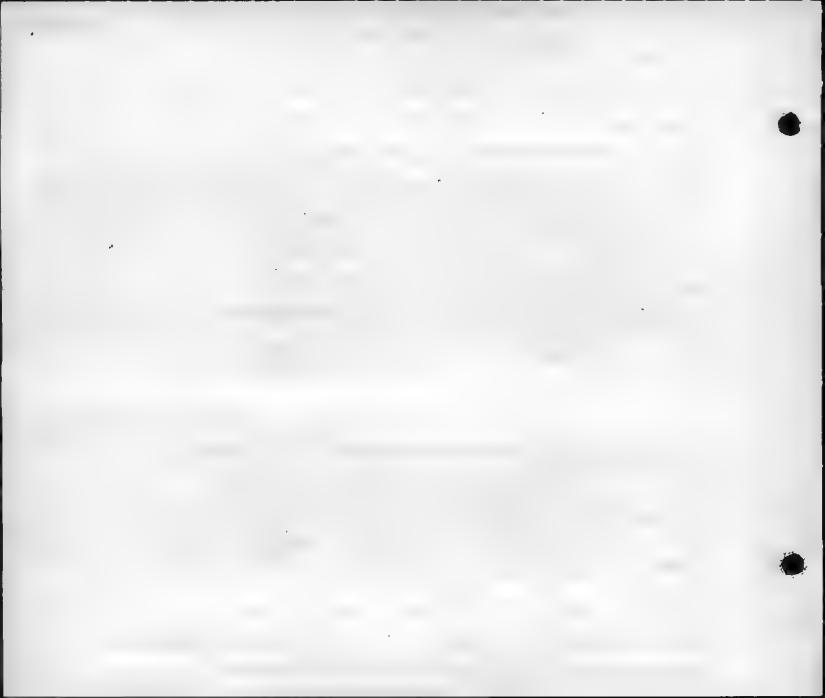


5	754	CERTIFICA	TIE OI DEATI	•	Reg. Dist	l. No.			
	1 PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived.	If institution: Residence	e before admission)			
	Kent	MARYLAND	d. STATE Haryl.		COUNTY Kent				
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give r						
	,, villa	2 7 100	X 7/1/1/1	1///////	Galena				
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	el address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?			
4	Troves Hurs	ing None				YES NO			
	3. NAME OF First	Middle	lost	4. DATE OF	Manth	Day Year			
	(Type or print) J. COLOR OR RACE 17. MA	<u>).</u>	,	DEATH J	f,	19)			
			8 DATE OF BIRTH	P. AGE [collection of the collection o	YEAR IF UNDER 24 HRS			
		WED DIVORCED)1C. L., L	11 17	угз.				
1	10a. USUAL OCCUPATION (Give kind of work done 10 during most of warking life, even if retired)		STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITI2	ZEN OF WHAT COUNTRY			
	13. FATHER'S NAME	Shi j mi	14. MOTHER'S MAIDEN N	w #		• * • •			
	T - 1 - 1	* * *	14. MOTHER S MAIDEN P	NAME					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6 SOCIAL SECURITY NO. 117 E	NFORMANT	IT	Address				
	(Yes, no, or unknown) [If yes, give war or dates of service]		rostoa liimai.	mir Homo	Konnada	-3-:: 7 7			
	18. CAUSE OF DEATH [Enter only one couse per	are sa. It		A					
	PART I. DEATH WAS CAUSED BY:	Day of and con	P. 1.			INTERVAL BETWEEN ONSET AND DEATH			
	MMEDIATE CAUSE (6)	and Desir							
	Conditions, if any, which }	an items	of the lian	entun	- P a	4-54000			
	gave rise to immediate	Tena cara	CT TOR ME C	- Francis	7.2	, , , , ,			
	couse (a), stoting the under- lying couse lost.	ise (enephit				Hweek			
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY			
)	<u> </u>					PERFORMED?			
	I ≅ TOK CONTRIBUTING LT CAUSE OF DEATR I	ESCRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in t	Part I or Part II of item	n 16.)				
	A Hour e. n. Whi	le Not while Foo	ACE OF INJURY (Home, form tary, street, affice bidg., etc.	i, i 20f. (City or town)	(Co	ounty) (State)			
	₹ p. m. 19 at w	ork at work							
	21. I certify that I attended the deced		7 , 19 6 d, ta	ALL S.	19_5, that 1 ic	ast saw the deceased			
	alive on 19	and that death	occurred at \$ 30 \$			date stated abave			
	ACTUAL (I In Union)	lavial		ADDRESS (Street, city	or fown, state)	DATE SIGNED			
,	SIGNATURE	war acc	M.D. MILLI	MALON,	MD	1.7-77			
ď	PHYSICIAN'S CEZA KO	RALEWSK	(
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (Cit)	y tawn, or county)	(State)			
	REMOVAL (Specify) 3/12/9	7 7 7 7 7 7		1 12		•			
	23. FUNERAL DIRECTOR'S SIGNATURE	/ ADDRESS	240. REC'	D BY REGISTRAR 2-	4b. REGISTRAR'S SIGN	NATURE			
	Victor M. Kenned	4	DATE E	AN 1 2 '50	* 2	Land			

TO HOSPITAL OF TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by refuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55



death. Page 4

TIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

755 **CERTIFICATE OF DEATH**

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_							Kag. Di	BI, END.		
	LACE OF DEATH L. COUNTY Kent	MARYLAN	- 11 4	usual residence (who state Mary)		d lived. If institution b. COUNTY	Ken		odmissi	on)
	RURAL and give nearest town) Rural - Chestertown	7.1.0	b ×	c. CITY OR TOWN (IF ou Chest			-	give near	est tawn)
	B. NAME OF HOSPITAL (If not in hospital, give		1	d. STREET ADDRESS				•	IS RESI	FARM?
	VAME OF First DECEASED Type or print) Lillie	May Trew		Last	4. DATE OF DEATH	Jan.	3	Day		959
5. :	17 - 3 - T.B 4 -	MARRIED NEVER MARRIED DOWED DIVORCED	9. DA	TE OF BIRTH 2, 1881	L	9. AGE (In years for birthday)	Months .	-		
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10USOWIIO	106. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote of Kent Co.	A COLO	ountry)		J.S.		COUNTRY
13.	FATHER'S NAME		14	MOTHER'S MAIDEN NA						
	John Wesley Haday			Margaret	Cop					
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES' no or unknown) (If yes, give wor or dotes of service		INFOR	Mesley Tr	rew	Chester		ı R.	D. 1	Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LL 20, DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause fast. (b) DUE TO Lying cause fast.	Carrieng Cartling	Har Va	sugfuer velex	ecef	lázico	5	ONSE	TAND	DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH I					EN IN PAR		PERFO	
MEDICAL CE	20c. TIME OF INJURY Month, Day, Year Hour a. m.	20d. INJURY OCCURRED 20e, While Nat while at wark at work	PLACE (factory,	DF INJURY (Home, form, street, office bldg., etc.)	20f. (City	ar fawn)	(1	County)		(State)
	21. I certify that I attended the de alive on the 2 constant actual signature Actual Signature Norbet C.		M.D.	Tack-	M, fran	n the causes a treet, city or town.	nd on t		state	
220	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 1/5/59	Chester C				TION (City, town, o		d.	(State	:)
23.	FUNERAL DIRECTOR'S SIGNATURE, Marvin V. Villiam	s Chestertow	n,	Md 240. REC'D			TRAR'S SI			

TO HOSPITAL O

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death. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00747

		4.54	OLIVIII	10/1	OI DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Kent		MARYL		USUAL RESIDENCE (WHO STATE MARY)	-	d lived. If instituti b. COUNTY			ssion)
RURAL and give	(If outside corporate limits, nearest Jawn) LEPUOWN		LIENGTH OF STAY I	IN 16	Chesterto		rote limits, write R	RURAL and give	nearest for	vn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give 215 Queen			1	d. STREET ADDRESS 215 S.	Çue a	n St		ON	SIDENCE A FARM
3. NAME OF DECEASED (Type or print)	Raymond first		Middle	Yor	ker	4. DATE OF DEATH	Jan. 5		Doy	Yeor
s. sex male	colored v	/IDOWED	Charge Co.	D JI	are of sirth ane 14,188		9. AGE (In years last birthday) 77 yrs.	IF UNDER 1 Y		7
guring most of we	TION (Give kind of work don orking life, even if retired) OTEL		various	RINDUSTRY	11. BIRTHPLACE (Stote Mary Lan		ountry)	60.1	N OF WHA	T COUN
13. FATHER'S NAME	George York	ter		14	MOTHER'S MAIDEN N	IAME	unkno	wn	-	
15. WAS DECEASEDEN [Yes. no. or unknown) NO	/ER IN U. S. ARMED FORCE	lan.	ocial security no. -14-4307	A fNFO	MANT Louise Yo	rker	Chest	ertowr	1, Md	
PART 1. DE Conditions, if gave rise to couse (o), station lying couse lost	ony, which (b)	irte	rio scle	retio	cardio v			ease	D yea	D DEATH
200. ACCIDENT W	THER SIGNIFICANT CONDITION VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER				RELATED TO THE TERMI			EN IN PART 1	PERF	AUTOP ORMED? NO
20c. TIME OF INJU	JRY Month, Day, Year	20d. INJ While at work [_ Not while _		OF INJURY (Hame, form street, office bldg., etc.		or tawn)	(Covi	nty)	(Sto
21. I certify (alive an	DLest-		9, and that of		curred at 2:30	A.M. fran		and on the	date stat	
NAME (Type)_	ON, 226. DATE THEREOF		22c. NAME OF CEMENT Janes C		EMATORY Pry	22d. 10CAT	NON (City, lown, o	or county)	(Sto	ite]
23. FUNERAL DIRECTO	13/1 1 1		Chester	town		BY REGIST		STRAR'S SIGNA		

DATEJAN 7

arthur S. Kraus

TO HOSPITAL OF VS A1S (4) 15M 10/57

Kenneth Walla

